

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4						
5						
6						
7		1				
8						
9		1				
10		1				
11		1				
12	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	17					
TOTAL CLAIMS	24					

CLAIM NUMBER	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						